

**Fitness Room Membership Application****Fitness Room Membership Eligibility - Adults Only, ages 18 years and above.****Fee: \$36.00 per Calendar Year****Please indicate your primary facility:**

- | | |
|---|---|
| <input type="checkbox"/> Chenoweth Activity Center (Fallston) | <input type="checkbox"/> Churchville Recreation Center – Level Building |
| <input type="checkbox"/> Edgewood Recreation and Community Center | <input type="checkbox"/> Emmorton Recreation & Tennis Center |
| <input type="checkbox"/> Havre de Grace Activity Center | <input type="checkbox"/> McFaul Activities Center (Bel Air) |

Hours vary at each activity center. Please visit www.harfordcountymd.gov to view hours.

Name:

*First**Middle**Last*

Address:

City:

State:

Zip Code:

Date of Birth:

Home Phone:

Cell Phone:

Emergency Contact 1:

Emergency Contact 1 Phone:

Emergency Contact 2:

Emergency Contact 2 Phone:

E-Mail:

Add me to your email list for new programs: ☐ Yes ☐ No**Acknowledgement:**

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program.

Each member uses the facilities, services or programs at his or her own risk and should be aware of his or her medical history and should consult a physician prior to engaging in exercise or continuing to exercise if a medical condition appears or appears to be developing.

I agree that in the event that I am negligent in the use and care of equipment, I will be responsible for replacement and/or repair of said equipment. I understand any photographs taken may be utilized on materials, brochures, or other publications pertaining to the Department of Parks & Recreation. I also authorize the transport to the nearest hospital in case of injury, and for the hospital personnel to administer necessary emergency medical care. No refunds after registration.

Applicant Signature: _____ Date: _____

Office Use Only

Date: _____

Initials: _____

Paid By:

☐ Cash☐ Check No.: _____

Amount: \$ _____

☐ New☐ Renewal